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## POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).									
I hereby appoint:									
X Practit		25096				n.			
Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):									
	Name		Registration Number		Name			Registratio Number	n
as ottornov(s) o	r naentie)	to revesely the undersign	ned before the U	nited States Pa	dent and Trac	Jemark O	ffice (USPTO)	n connection with	
as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned <u>only</u> to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).									
Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:									
The address associated with Custo			ner Number:	250	25096				
OR									
Firm or Individual Name									
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City			State			Zip			,
Country			Telephon	e		Email		,	
Assignee Name and Address:  Steinbeck Cannery LLC 2215-B Renaissance Drive, Suite 5 Las Vegas, NV 89119									
A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.									
SIGNATURE of Assignee of Record  The individual whose signature and title is supplied below is authorized to act on behalf of the assignee									
Signature					Date 24 MAY 2007				
Name					Telephone				
Title Authorized-Person for Steinbeck Cannery LLC									
07		_							